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## BIB DATA SHEET

CONFIRMATION NO. 9912

<b>SERIAL NUMBER</b> 10/530,606	<b>FILING or 371(c) DATE</b> 02/21/2006 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> 3612.1001-000		
<b>APPLICANTS</b> Hans G. Boman, Stockholm, SWEDEN; Mats Andersson, Stockholm, SWEDEN; Katrin Putsep, Stockholm, SWEDEN; Goran Carlsson, Stockholm, SWEDEN; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP03/11240 10/10/2003 <b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 0223655.2 10/10/2002 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 12/02/2006						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/ROD P SWARTZ/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 30	<b>INDEPENDENT CLAIMS</b> 10
<b>ADDRESS</b> HAMILTON, BROOK, SMITH & REYNOLDS, P.C. 530 VIRGINIA ROAD P.O. BOX 9133 CONCORD, MA 01742-9133 UNITED STATES						
<b>TITLE</b> Method for determining the susceptibility of a subject to infection						
<b>FILING FEE RECEIVED</b> 2930	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			